

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 017482
STATE FILE NUMBER

FILED JUN 3 1957
30963-57

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 146

| | | | |
|--|-------------------------------|--|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson ✓ | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence | | c. CITY OR TOWN Sugar Creek <i>9000</i> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp | | d. STREET ADDRESS 11220 Norledge (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First INFANT GIRL Middle MIHELIC Last MIHELIC | | 4. DATE OF DEATH April 3, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH April 2, 1957 |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 9b. AGE (In years last birthday) 0 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY Infant | |
| 11. BIRTHPLACE (City and state or country) Independence, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Louis Mihelic | | 14. MOTHER'S MAIDEN NAME Mary Blaskovich | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none | | 16. SOCIAL SECURITY NO. none | |
| 17. INFORMANT Louis Mihelic, Sugar Creek, Missouri | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory failure DUE TO (b) Immaturity DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____ | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | 7735 |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED, WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from birth to death and last saw ^(her) _(him) alive on 4/2/57 Death occurred at 3:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Harry S. Jones, M.D. | | 22b. ADDRESS Independence, Mo. | |
| 22c. DATE SIGNED 4/3/57 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE April 3, 1957 | |
| 23c. NAME OF CEMETERY OR CREMATORY St. Marys Cemetery | | 23d. LOCATION (City, town, or county) (State) Independence, Missouri | |
| 24. FUNERAL DIRECTOR George C. Carson, Independence, Mo. | | 25. DATE RECD. BY LOCAL REG. 4-3-57 | |
| 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED
MAY 28 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Not embalmed

Student.....
Signature of Student Embalmer

Signed.....
H. H. Gibson

Licensed Embalmer No. *487*
P. O. Address *Indep. 77*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.